

Please complete and fax to
1 403 264 8711

Registered Company:		Store Name:	
Corporation? (Yes/No)	Fiscal Year End:	Year Business Started or Incorporated:	
Shipping Address			
City	Province/State	Postal Code	
Tel:	Fax:	E-mail	
Billing Address			
City	Province/State	Postal Code	
Accounts Payable Name			Tel:

Name of Principals	1.	Tel:	()
	2.	Tel:	()
Bank	Address		
Account Manager	Operating Account Number:	Tel:	()

Do you lease or own?	How long at current location?		
Lease	Landlord:	Tel:	()
Own	Mortgagee:	Tel:	()

Payment Terms Request:	_____ Days	Credit Limit Request:	\$ _____
Preferred Method of Shipping:	Account Number:		

List three firms from whom you purchase on a regular basis:

1.	Address:	Fax:
2.	Address:	Fax:
3.	Address:	Fax:

I/We agree Inland Mercantile Inc. may obtain, at its discretion, such business or personal information as it requires pertaining to the applicant's financial relations and may disclose business or personal financial information about the applicant to any credit reporting agency or to any person with whom the applicant has, or proposes to have financial relations. By signing this form, I further agree to the attached Terms and Conditions of Sale.

Signature of Applicant ↑	Title ↑	Date ↑
Fax completed form using our toll free line at 1 800 516 2646 (Canada only) or (403) 264 8711 (Outside Canada)		

For office use only

Credit Agency:	Inquiry Date	Response Date	Code
Reference 1	Inquiry Date	Response Date	Code
Reference 2	Inquiry Date	Response Date	Code
Reference 3	Inquiry Date	Response Date	Code

Approved by	Terms	Limit	Date
-------------	-------	-------	------